A Readers Guide to Mental Health Services Act
Community Services and Supports
Three-Year Program and Expenditure Plan Requirements

Introduction:

In November of 2004 the voters of California passed the Mental Health Services Act (MHSA). The Act provides new money for many different and new mental health services and supports. "Mental health services and supports" is the term used to describe the help provided to people who have serious mental and emotional problems. Sometimes this is just referred to as "services." The MHSA addresses six components for creating a better program of mental health services and supports in California:

- Community Planning
- Services and Supports
- Capital (buildings) and Information Technology (numbers and facts)
- Education and Training (people resources)
- Prevention and Early Intervention
- Innovation

The pertinent sections of the Act are Sections 5, 7, 10 and 15 that add or amend significant portions of the Welfare and Institutions Codes defining program requirements.

The population to be helped under the MHSA is defined as adults and older adults who have been diagnosed with or who may have serious and persistent mental illness, and children and youth who have been diagnosed with or who may have serious emotional disorders, and their families. This document covers the requirements for the first component of the MHSA which is mental health services and supports for children, youth, adults and older adults with serious mental and emotional problems. The Department of Mental Health (DMH) has chosen to call this component "**Community Services and Supports (CSS)."** The other components will come after this one in a planned order. Eventually, all of the components will be put together in a single, comprehensive plan.

County mental health programs must submit a complete CSS Program and Expenditure Plan and request funding for the next three years in order to receive money for this part of the MHSA. The CSS Program and Expenditure Plan Requirement document is very long and includes much detail that counties need to write their CSS plans. The purpose of this Reader's Guide is to help everyone understand the larger document.

The first part of the document includes background information. The first information is about the outcomes that the DMH wants to achieve as a result of the MHSA.

Outcomes

- People have things to do which are important to them, including things such as employment, vocational training, education, and social and community activities
- People are able to have safe and adequate housing, children are safe living with their families and there are fewer numbers of people who have no place to live
- People have family and friends to help them and to be with them and provide support for them
- People can get the help they need when and where they need it
- There are fewer adults in the jails and young people in juvenile halls who have serious mental health problems
- Most mental health services and supports are voluntary, where the person chooses the services and supports they want. There are less "involuntary services" which are services such as having to be in a hospital or a locked institution, or children having to live in a place which is not their own home or with their own family

Service Must Be Voluntary

Mental health programs which receive money from the MHSA must be voluntary in nature, where people choose the services and supports they want and need. Anyone who meets the qualifications can get services and supports, even if their legal status is "involuntary" which means that they might be in jail or juvenile hall, they might be on permanent or temporary conservatorship or they might be temporarily considered to be dangerous to themselves or other people. Mental health services and supports that are provided in the jail or in juvenile hall must be for the purpose of helping the person get out of the jail or juvenile hall and live in the community.

Technical Assistance and Other Resources

To aid counties and all stakeholders in preparing the Three-Year Program and Expenditure Plans for CSS funds, DMH has developed and placed on their Web site six documents:

- County Readiness Self-assessment for Implementation of the MHSA Community Services and Support Component
- Performance Measurement

- Wellness/Recovery/Resilience Services and Support System Planning Checklist for Children, Youth, Transition Age Youth and Families' Service Planning
- Wellness/Recovery/Resilience Services and Support System Planning Checklist for Older Adult, Adult and Transition Age Service Planning
- Considerations for Embedding Cultural Competence
- Program and Expenditure Plan Examples

Also on the DMH Web site is a list of resources and references that serve as background and helpful information for developing CSS plans. The Web site is http://www.dmh.ca.gov/MHSA.

The next part of the document introduces the CSS Program and Expenditure Plan Requirements.

DMH Vision and Guiding Principles

The requirements include the ideas in the DMH Vision Statement and Guiding Principles for the MHSA which can be located on the DMH MHSA Web page at http://dmh.ca.gov/MHSA/docs/. It is the intention of the DMH that these requirements will help counties develop excellent mental health programs that respect people of all racial/ethnic backgrounds and cultures. The program will be based upon the beliefs that people who have serious mental disabilities can get better, feel better and be more satisfied with their lives. This type of program is sometimes called the "recovery model." The program will also be based upon the beliefs that children with mental or emotional problems can be helped. They can get help, they can continue to learn and grow to be healthy, they can learn to manage their problems and they can be successful. This is sometimes called "wellness" and "resilience."

The CSS Plan requirements are intended to change the public mental health system in the following ways:

- There will be more participation from people who have mental health problems and their families. People who have or have had serious mental and emotional problems will participate in every part of the public mental health program in California. This will include things like being members of committees that help to plan programs, develop policies and new rules and even help to provide services and to evaluate mental health programs.
- More mental health services and supports will be organized and run by people who have or have had mental health problems, and their families.
- There will be more appropriate mental health services and supports for people of all different racial/ethnic and cultural backgrounds. People will get the needed mental health services and supports in their own language and services will be provided in ways that are sensitive and understanding

of their different cultural beliefs and values. People from different cultures do not always get the mental health services and supports that they need. Unequal services for diverse racial/ethnic populations are not acceptable. Programs must make a specific effort to design and provide services in ways that are culturally appropriate and sensitive to all people. This is called "cultural competence."
- There will be more mental health services and supports and different types of services so that people can get the services they want when they want them and where they want them.

Essential Elements for all CSS Program and Expenditure Plans

Five important concepts or ideas must be included throughout the CSS Plans submitted by the counties. They are:

- Community collaboration, which means working together with interested and involved agencies, groups, organizations and individuals in the community. These people are sometimes called "stakeholders."
- Cultural competence
- Client/family-driven services, which means programs where the people who receive the services and their families make the decisions about the services, programs and policies that affect them.
- Wellness focus, including the concepts of recovery and resilience
- Integrated service experiences, which means that people get all of the kinds of services they need at the same time and these services are coordinated.

More complete definitions of these ideas are on pages 4 through 6 of the CSS Plan Requirements.

Three Types of Funds Available

Counties can request three different kinds of funding to make changes and expand their mental health services and supports:

- Full Service Partnership Funds – this is money to provide all of the mental health services and supports a person wants and needs to reach his or her goals
- General System Development Funds – this is money to improve mental health services and supports for people who receive mental health services
- Outreach and Engagement Funds – this is money to reach out to people who may need services but are not getting them

More descriptions of these types of funding can be found on pages 7 and 8 of the CSS Plan Requirements.

Counties may request money for any or all of these three types of funding and may request "one-time only" funds to start up a program or service in any of these funding types. In this plan for the first three years, the DMH requires that counties request more than half of their total MHSA CSS funding for Full Service Partnerships, so that counties can begin to provide full service to as many individuals and their families as possible. Small counties are required to request the majority of their total MHSA CSS funding by the third year (FY 2007-08).

Medi-Cal and Other Reimbursement

Although counties are usually encouraged to maximize other funding sources whenever possible, for counties to be truly innovative and change or "transform" their programs and mental health services, funds requested under the MHSA should not be driven by the goal of maximizing Medi-Cal reimbursement. A transformed mental health system will require new and different activities and services not currently funded through Medi-Cal (California's version of the federal Medicaid program) and other public or private payors and will include individuals not currently eligible for Medi-Cal funding. However, MHSA funds can be used as match for Medi-Cal or Healthy Families Program federal financial participation for those services which are consistent with MHSA requirements.

How the Main Part of the CSS Program and Expenditure Plan Requirements Document is Organized

The document is organized into three main sections:

I. County/Community Public Planning Process
II. Program and Expenditure Plan Requirements
III. Required Exhibits

In Parts I and II, each section in the CSS Program and Expenditure Requirements includes a "Direction" box that outlines the DMH intent and requirements for this section of the county CSS plans, and a "Response" list that includes a list of information counties must provide and/or a list of questions that counties must answer in their plans.

Part I: County/Community Public Planning Process and Plan Review (pages 9 through 12)

Counties have already received planning funds (if their planning application was approved by the DMH) to plan for services. In a previous DMH letter to counties, the DMH specified the requirements for planning and asked counties to provide information about how their planning process would include clients and families, how it would be comprehensive and representative, who would work on the planning process and how people would receive education and training so that

they could participate in the planning process. Counties are also required to have a public review process. The document requires counties to complete several responses so that the DMH can know that they did what they said they would do in their planning application. The requirements state that a county's plan will not be reviewed for funding until the county has successfully carried out a complete and adequate planning process.

Details of these required responses are on pages 9 through 12.

Part II: CSS Program and Expenditure Plan Requirements (pages 12 through 42)

The MHSA Plan Requirements are based on a logic model that links:

1) Community issues resulting from people not getting the mental health services and supports that they need
2) Mental health needs within the community
3) Identification of specific initial populations to be served based upon the issues and needs identified
4) Strategies, programs, services and supports to be implemented
5) Outcomes to be achieved

Statutes referenced in the MHSA that provide the foundation for the requirements are Welfare and Institutions (W&I) Code Sections 5801, 5802 and 5806, relating to AB 34 and AB 2034 programs, and W&I Code Section 5850 et seq., which define the core values and infrastructure requirements for Children's System of Care.

The age groups included in the MHSA are older adults, adults, transition age youth (TAY) (defined as young people ages 17 to 25 who are moving from being teenagers to being young adults), and children and youth. Each county must plan for services for each age group. If a county does not believe it can provide more services for each age group in the initial years, the county must explain why they cannot do this. The county must also indicate their plan to provide MHSA services to at least some populations in each age group by the third year of this Plan and provide assurance that all age groups will be included in future plans.

Counties must organize their application for funding using the following sequences.

Section I: Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports

In the "Direction" part of this section the DMH repeats one of the major goals of the MHSA – to reduce community problems that occur when people who have

serious mental and emotional problems do not get the mental health services and supports that they need. The community issues identified in the MHSA are:

- For adults, older adults and some transition age youth – homelessness, frequent hospitalizations, frequent emergency medical care, inability to work, inability to manage independence, isolation, involuntary care, institutionalization and incarceration
- For children, youth and some transition age youth – inability to be in a mainstream school environment, school failure, hospitalization, peer and family problems, out-of-home placement, and involvement in the child welfare and juvenile justice systems

In their responses, counties must list the major community issues identified through their local planning processes and specify which of the issues they intend to address in their CSS plan. Counties must also describe how their choices will reduce the differences in amounts and kinds of services that people of different races/ethnicities and gender may currently receive (this is called racial, ethnic and gender "disparities"). Counties may propose to address issues that are not listed in the two points above but they must describe why their issues are more significant for their community and how they are consistent with the purpose and intent of the MHSA.

The complete requirements for this section are on pages 14 and 15.

Section II: Analyzing Mental Health Needs in the Community

The "Direction" part of this section requires counties to examine and assess the mental health needs of county residents and residents of American Indian reservations within county boundaries for all age groups. It describes the categories to be used in understanding these mental health needs and gives examples. They are:

- Unserved – those who are not receiving mental health services, particularly those who are a part of racial ethnic populations that have not had access to mental health services
- Underserved or inappropriately served – those who may be getting some services but whose services do not provide the necessary opportunities to participate and move forward and pursue their wellness/recovery goals
- Fully served – those who are receiving mental health services and both the person and their service provider or coordinator agree that they are getting the services they want and need in order to pursue their wellness/recovery goals

Although counties may also elect to provide some new or expanded services to underserved individuals already receiving some services in their system, the DMH expects counties to identify unserved individuals and their families in the initial populations for MHSA funding.

Because there is not as much information available on people who are unserved, counties do not have to provide detailed estimates of this population, but they should use local information to include some descriptions about the unserved people in their county including any racial/ethnic and gender disparities. More detailed information is required about the populations which are underserved and fully served including information by age, race/ethnicity and gender.

The complete requirements for this section are on pages 15 through 19.

Section III: Identifying Initial Populations for Full Service Partnerships

In the "Direction" part of this section, counties are asked to give the numbers of persons by age group, in each of the three categories, unserved, underserved and fully served, that they intend to identify as their initial populations with whom they will enter into Full Service Partnerships within the first three years. The DMH intention is that counties will move toward identifying and providing full service to all persons covered in the MHSA. However this must be accomplished in phases, as not everyone who will eventually be included under the MHSA can be fully served in the first three years.

> ***Counties are encouraged to start "small and smart" in their plans for Full Service Partnerships so that they can be successful in helping clients and families achieve their goals and in establishing the effectiveness of MHSA services and supports*.**

The "Direction" part also includes general requirements for all populations in developing Full Service Partnerships, including requirements to reduce racial ethnic disparities. This section also describes specific populations by age which are consistent with MHSA and DMH priorities. Counties should give priority to unserved populations.

Every individual identified as a part of the initial MHSA population to be served under these requirements must be offered a Full Service Partnership. This partnership is defined on pages 22 and 23. Counties will be required to work with the DMH to provide detailed information for each person/family who is fully served.

In their responses, counties must describe what factors they used to select their initial populations, what kinds of populations, by age group, will be served in the first three years and how their selections of the initial populations in each age group will reduce specific racial/ethnic disparities.

The complete requirements for this section are on pages 20 through 23.

Section IV: Identifying Program Strategies

The "Direction" part of this section specifically references language from the MHSA Section 3(c) which describes the intent of "expanding the kinds of successful, innovative service programs for children, adults and seniors begun in California, including culturally and linguistically competent approaches for underserved populations." Section 3(e) refers to services that "…are provided in accordance with recommended best practices."

Counties must select strategies that are consistent with this language and consistent with the five concepts identified earlier in the document: community collaboration, cultural competence, client- and family-driven services, wellness/recovery/resiliency focus, and integrated service experiences for clients and families.

In this initial three-year plan, each county, working together with community stakeholders, must identify the strategies to be used to build the necessary program capacity to serve a diverse population of clients and their families. The DMH expects that these strategies, selected by the counties through the stakeholder process, will serve initial full service populations through Full Service Partnerships and/or other individuals needing services from the public mental health system who may be currently unserved or who may not yet be fully served. Selected strategies may be funded by any of the three types of funding as appropriate – funding for Full Service Partnerships, funding for System Development and funding for Outreach and Engagement. Some of these strategies are also appropriate for funding through other state and community sources. Counties are encouraged to pursue collaborative funding and to use and leverage other funding sources in addition to MHSA funds for these strategies wherever possible.

> ***All counties must develop and/or expand peer support and family education support services within their three-year plan.***

Strategies are described for children, youth and their families, transition age youth and their families, adults, and older adults (age 60 and older). Both the adult and older adult strategies reference the needs of transition age adults, age 55 through 59.

For this section, counties must complete Exhibit 4 of the CSS Plan Requirements which is called the "Program Work Plan Summary." If a county selects a strategy that is not listed in the CSS Plan Requirements they must describe how that strategy promotes wellness, recovery, resiliency and is consistent with the intent and purpose of the MHSA.

Full descriptions for strategy requirements and options are on pages 23 through 37.

Section V: Assessing Capacity

The MHSA requires that the DMH "shall evaluate each proposed expenditure plan and determine the extent to which each county has the capacity to serve the proposed number of children, adults and seniors…" This assessment of capacity will be accomplished through review of county CSS Program and Expenditure Plans that include work plans and budgets.

In their response, counties must assess their service provider strengths and weaknesses, including their abilities to meet the needs of racially and ethnically diverse populations in their county. Counties must describe their bilingual staff proficiency for threshold languages and compare percentages of the diversities of their service providers with the same diversities in their county population who may need services and the total population they currently serve. Counties must also analyze the possible barriers in their system to implementing the programs for which funding is requested and how they will overcome these barriers and challenges.

Section VI: Developing Work Plans with Timeframes and Budgets/Staffing

This section provides the detailed requirements for workplans and timelines. ***A work plan is required for each program for which MHSA money is requested.*** A program is made up of one or more mental health services and support used in an organized manner to provide the strategies listed in Section V for an individual to achieve good outcomes. Examples are given on page 39.

The full requirements for work plans are on pages 39 through 42.

Part III: Required Exhibits

This section describes and includes the forms for the seven Exhibits that counties must submit with their MHSA CSS Plans. This section includes pages 42 through 63.